

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

1 2 F E 4 M 5

ERICKA REDIC FOR CONGRESS

ADDRESS (number and street)

251 STANIFORD RD



Check if different than previously reported. (ACC)

BURLINGTON

VT

05408

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00801266

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

VT

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

17

Y Y Y Y

2022

through

M M / D D / Y Y Y Y

03

D D / Y Y Y Y

31

Y Y Y Y

2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

REDIC, ERICKA L MRS., , ,

Type or Print Name of Treasurer

Signature of Treasurer

REDIC, ERICKA L MRS., , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

15

Y Y Y Y

2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 11

Write or Type Committee Name

ERICKA REDIC FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	2	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	2

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2835.50	2835.50
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	2835.50	2835.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	2407.78	2407.78
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	2407.78	2407.78
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	427.72	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	441.70	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 11

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

ERICKA REDIC FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	2	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	2

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

## (a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

1415.00

1415.00

(ii) Unitemized.....

1375.50

1375.50

(iii) TOTAL of contributions from individuals ▶

2790.50

2790.50

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

45.00

45.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

2835.50

2835.50

## 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

## 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....

0.00

0.00

## 15. OTHER RECEIPTS (Dividends, Interest, etc.) .....

0.00

0.00

## 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

2835.50

2835.50

**DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 05/2016)

of Disbursements

PAGE 4 / 11

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2407.78	2407.78
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	2407.78	2407.78

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2835.50
25. SUBTOTAL (add Line 23 and Line 24).....	2835.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2407.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	427.72

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**ERICKA REDIC FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Calhoun, Brooke, , ,**

**A.**

Mailing Address 453 Stone Cutters Way

City

Montpelier

State

VT

Zip Code

05602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Central Vermont Chiropractic

Occupation

Chiropractor

Receipt For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 11 2022

**Transaction ID : SA11AI.4124**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Earmarked from WinRed

Full Name (Last, First, Middle Initial)

**WINRED**

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

**C**

C00694323

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1230.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 11 2022

**Transaction ID : SA11AI.4124.0**

Amount of Each Receipt this Period

250.00

☒ Memo Item  
Earmarked through conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)

**Calhoun, Brooke, , ,**

**C.**

Mailing Address 453 Stone Cutters Way

City

Montpelier

State

VT

Zip Code

05602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Central Vermont Chiropractic

Occupation

Chiropractor

Receipt For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 11 2022

**Transaction ID : SA11AI.4125**

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Earmarked from WinRed

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

375.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**ERICKA REDIC FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**WINRED**

**A.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1355.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 11 2022

Transaction ID : SA11AI.4125.0

Amount of Each Receipt this Period

125.00

☒ Memo Item

Earmarked through conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)

**Licata, Tom, , ,**

**B.**

Mailing Address 172 Deforest Road

City

Burlington

State

VT

Zip Code

05401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Home Instead

Caregiver

Receipt For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 13 2022

Transaction ID : SA11AI.4122

Amount of Each Receipt this Period

1040.00

☐ Memo Item

Earmarked from WinRed

Full Name (Last, First, Middle Initial)

**WINRED**

**C.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2445.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 13 2022

Transaction ID : SA11AI.4122.0

Amount of Each Receipt this Period

1040.00

☒ Memo Item

Earmarked through conduit. PAC limit not affected.

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1040.00

1415.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 11

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**ERICKA REDIC FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**REDIC, ERICKA L MRS., , ,**

Mailing Address 251 STANIFORD RD

City  
BURLINGTON

State  
VT

Zip Code  
05408

FEC ID number of contributing  
federal political committee.**C** H2VT01084

Name of Employer  
Self

Occupation  
Candidate

Receipt For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

45.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02		18		2022

Transaction ID : SA11D.4099

Amount of Each Receipt this Period

45.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

45.00

45.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 11

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ERICKA REDIC FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Amazon**

Mailing Address 410 Terry Ave N

City  
SeattleState  
WAZip Code  
98109Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

161.77

Transaction ID : SB17.4102

☐ Memo Item**B. Amazon**

Mailing Address 410 Terry Ave N

City  
SeattleState  
WAZip Code  
98109Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

35.92

Transaction ID : SB17.4103

☐ Memo Item**c. Metz, Janet, , ,**

Mailing Address 4870 Stage Rd

City  
JerichoState  
VTZip Code  
05465

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4234

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

697.69

**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 11

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**ERICKA REDIC FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Roseblade, Dan, , ,**Mailing Address 2000 Westfalian Trl  
#6City  
AustinState  
TXZip Code  
78732

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		29		2022

FEC Identification Number

**C**

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.4112

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

300.00

**TOTAL** This Period (last page this line number only).....▶

997.69

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 10 OF 11

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ERICKA REDIC FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

REDIC, ERICKA L MRS., , ,

Nature of Debt (Purpose):

Business Registration

Mailing Address 251 STANIFORD RD

City

BURLINGTON

State

VT

Zip Code

05408

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4116

Amount Incurred This Period

125.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

125.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

REDIC, ERICKA L MRS., , ,

Nature of Debt (Purpose):

Photography

Mailing Address 251 STANIFORD RD

City

BURLINGTON

State

VT

Zip Code

05408

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4117

Amount Incurred This Period

150.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

REDIC, ERICKA L MRS., , ,

Nature of Debt (Purpose):

PO Box Fee

Mailing Address 251 STANIFORD RD

City

BURLINGTON

State

VT

Zip Code

05408

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4118

Amount Incurred This Period

95.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

95.00

1) **SUBTOTALS** This Period This Page (optional) .....

370.00

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 11 OF 11

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**ERICKA REDIC FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

REDIC, ERICKA L MRS., , ,

Nature of Debt (Purpose):

Digital Management

Mailing Address 251 STANIFORD RD

City

BURLINGTON

State

VT

Zip Code

05408

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4119

Amount Incurred This Period

66.53

Payment This Period

0.00

Outstanding Balance at Close of This Period

66.53

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

REDIC, ERICKA L MRS., , ,

Nature of Debt (Purpose):

Office Supplies

Mailing Address 251 STANIFORD RD

City

BURLINGTON

State

VT

Zip Code

05408

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4120

Amount Incurred This Period

5.17

Payment This Period

0.00

Outstanding Balance at Close of This Period

5.17

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

71.70

2) **TOTALS** This Period (last page this line number only) .....

441.70

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

441.70